

**THE TRAVELERS INSURANCE COMPANY • One Tower Square • Hartford, Connecticut • 06183  
A STOCK COMPANY**

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY**

We will pay the Death Benefit to the Beneficiary upon receipt at Our Office of Due Proof of the Insured's Death while this policy was in force. Refer to the "Death Benefit" provision on Page 5 for information on determining the amount payable at death.

**READ YOUR POLICY CAREFULLY**

This is a legal contract between you and us.

**RIGHT TO CANCEL**

We want you to be satisfied with the policy you have purchased. We urge you to examine it closely. If, for any reason, you are not satisfied, you may return the policy to us or to the agent from whom it was purchased to be cancelled within 20 days after it was received by you. We will return all premium paid for this policy within 10 days after its return to us. After the policy is returned, it will be considered as if it were never in effect.

Signed at Hartford, Connecticut



**Flexible Premium Adjustable Life Insurance Policy  
Premiums Payable Until Policy Maturity or Insured's Prior Death  
Insurance Payable at Insured's Death  
Non-Participating**

TABLE OF CONTENTS

Right to Cancel	Policy Jacket
Policy Summary	Page 3
Definitions	Page 4
Benefits – Basic Policy	Page 5
Policy Values	Page 6
Premium Payment	Page 7
Continuation and Paid-Up Insurance	Page 8
Grace Period	Page 8
Reinstatement	Page 8
Ownership Rights	Page 8
General Provisions	Page 9
Settlement Options	
A copy of the application and any riders follows the Settlement Options.	

NY

## POLICY SUMMARY

STATED AMOUNT: 200,000	INSURED: MICHAEL STANLEY
POLICY NUMBER: 7361323	POLICY DATE: JUN 11, 1998
ISSUE AGE: 26	ISSUE DATE: JUN 11, 1998
MATURITY DATE: JUN 11, 2072	MONTHLY DEDUCTION DAY: 11TH DAY OF MONTH

## BENEFIT DESCRIPTION

INITIAL STATED AMOUNT:	\$200,000
INITIAL PREMIUM:	\$820.00
PLANNED PREMIUM:	\$820.00
PLANNED PREMIUMS PAYABLE:	ANNUALLY
INSURANCE OPTION:	1 (LEVEL)
MINIMUM STATED AMOUNT:	\$50,000
MINIMUM AMOUNT INSURED:	THE GREATER OF 250% OF THE ACCUMULATION VALUE UNTIL AGE 40, WITH THE PERCENTAGE REDUCING TO 100% AT AGE 95; OR THE AMOUNTS REQUIRED BY FEDERAL INCOME TAX LAWS OR REGULATIONS TO QUALIFY AS LIFE INSURANCE.
GUARANTEED INTEREST RATE:	4% PER ANNUM
INTEREST RATE CREDITED ON LOANS:	6% PER ANNUM
INTEREST RATE CHARGED ON LOANS:	POLICY YEARS 1-13: 7.40% PER ANNUM PAYABLE IN ADVANCE POLICY YEARS 14 AND THEREAFTER: 5.66% PER ANNUM PAYABLE ADVANCE
MAXIMUM LOAN AMOUNT:	100% OF (ACCUMULATION VALUE MINUS SURRENDER PENALTIES) AS OF THE DATE WE RECEIVE YOUR REQUEST.
MINIMUM LOAN AMOUNT:	\$500.00
DEATH BENEFIT INTEREST FACTOR:	1.0032737
RATE CLASS:	MALE , STANDARD, NONSMOKER

L-14433\*3\*L-14434\*L-13468\*L-13700\*LTRTUL96\*L-17641-A\*L-22464NY\*M-23496NY  
 \*OUT\*  
 (TUL96)

PAGE 3(A)

NY

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BENEFIT DESCRIPTION

MONTHLY EXPENSE CHARGES: \$.15 PER THOUSAND OF INITIAL STATED AMOUNT FOR POLICY YEARS 1-5 AND FOR THE FIRST 5 YEARS FOLLOWING AN APPLIED-FOR INCREASE; PLUS \$5 PER MONTH WHEN THE STATED AMOUNT IS LESS THAN \$100,000

FULL SURRENDER CHARGE: CHARGE APPLIES FOR THE FIRST 15 POLICY YEARS, AND FOR THE FIRST 15 POLICY YEARS FOLLOWING ANY APPLIED-FOR INCREASE, AS FOLLOWS:

POLICY YEAR	CHARGE PER \$1,000 OF STATED AMOUNT	POLICY YEAR	CHARGE PER \$1,000 OF STATED AMOUNT
1	\$13.75	10	\$ 4.16
2	\$11.54	11	\$ 3.55
3	\$ 9.36	12	\$ 2.90
4	\$ 7.22	13	\$ 2.22
5	\$ 6.86	14	\$ 1.52
6	\$ 6.36	15	\$ .77
7	\$ 5.85		
8	\$ 5.31		
9	\$ 4.75		

MINIMUM PARTIAL SURRENDER AMOUNT: \$500

PARTIAL SURRENDER CHARGE: IN PROPORTION TO THE CHARGE THAT WOULD APPLY TO A FULL SURRENDER. THE PROPORTION WILL BE COMPUTED AS THE AMOUNT OF THE SURRENDER DIVIDED BY (ACCUMULATION VALUE MINUS INDEBTEDNESS). WHEN THE PARTIAL SURRENDER IS MADE, FUTURE SURRENDER CHARGES WILL BE REDUCED BY THE SAME PROPORTION.

CHARGE FOR REQUESTED STATED AMOUNT DECREASE: IN PROPORTION TO THE CHARGE THAT WOULD APPLY TO A FULL SURRENDER. THE PROPORTION WILL BE COMPUTED AS THE AMOUNT OF THE REQUESTED STATED AMOUNT DECREASE DIVIDED BY THE TOTAL STATED AMOUNT THAT WAS IN EFFECT IMMEDIATELY PRIOR TO THE REQUESTED DECREASE. WHEN THE REQUESTED DECREASE IS MADE, FUTURE SURRENDER PENALTIES WILL BE REDUCED BY THE SAME PROPORTION.

NY

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MAXIMUM MONTHLY GUARANTEED COST OF INSURANCE RATES  
 (MONTHLY RATE PER \$1000 OF COVERAGE AMOUNT)

AGE	MAXIMUM RATE	AGE	MAXIMUM RATE	AGE	MAXIMUM RATE	AGE	MAXIMUM RATE
26	0.11180	45	0.39550	64	2.04920	83	12.04610
27	0.10800	46	0.42780	65	2.25080	84	13.25080
28	0.10520	47	0.46210	66	2.46630	85	14.53240
29	0.10320	48	0.49940	67	2.69610	86	15.87430
30	0.10090	49	0.54010	68	2.94340	87	17.26970
31	0.15050	50	0.58580	69	3.21700	88	18.71940
32	0.15590	51	0.63830	70	3.52670	89	20.23600
33	0.16300	52	0.69760	71	3.88170	90	21.84540
34	0.17140	53	0.76480	72	4.29090	91	23.59540
35	0.18140	54	0.83890	73	4.75540	92	25.57450
36	0.19350	55	0.91890	74	5.26760	93	28.00750
37	0.20770	56	1.00410	75	5.81880	94	31.40160
38	0.22400	57	1.09410	76	6.40050	95	36.79810
39	0.24240	58	1.19040	77	7.00670	96	46.58980
40	0.26330	59	1.29580	78	7.64300	97	67.04150
41	0.28590	60	1.41320	79	8.33060	98	83.33330
42	0.31010	61	1.54520	80	9.09330	99	83.33330
43	0.33650	62	1.69480	81	9.95600		
44	0.36490	63	1.86310	82	10.94090		

RATE CLASS: MALE , STANDARD, NONSMOKER

THE RATES USED FOR THE COST OF INSURANCE DEDUCTION ARE GUARANTEED NOT TO EXCEED THE MAXIMUM RATES SHOWN ABOVE. THE RATES ARE BASED ON THE 1980 COMMISSIONERS STANDARD ORDINARY MORTALITY TABLE. THE COST OF INSURANCE IS DEDUCTED ON THE MONTHLY DEDUCTION DAY.

NY

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INSURED: MICHAEL STANLEY  
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## TABLE OF VALUES

POLICY YEAR	AMOUNT INSURED AT END OF YEAR	GROSS PREMIUM	ACCUMULATION VALUE	CASH VALUE	NET SINGLE PREMIUM	PAID-UP VALUE*
1	200,000	820	213	0	0.19502	0
2	200,000	820	443	0	0.20176	0
3	200,000	820	690	0	0.20881	0
4	200,000	820	952	0	0.21617	0
5	200,000	820	1,231	0	0.22386	0
6	200,000	820	1,768	496	0.23139	2,145
7	200,000	820	2,316	1,146	0.23919	4,789
8	200,000	820	2,869	1,807	0.24725	7,307
9	200,000	820	3,425	2,475	0.25558	9,684
10	200,000	820	3,981	3,149	0.26416	11,919
11	200,000	820	4,531	3,821	0.273	13,996
12	200,000	820	5,071	4,491	0.28209	15,919
13	200,000	820	5,595	5,151	0.29142	17,675
14	200,000	820	6,098	5,794	0.30099	19,248
15	200,000	820	6,573	6,419	0.3108	20,652
16	200,000	820	7,015	7,015	0.32085	21,864
17	200,000	820	7,420	7,420	0.33113	22,407
18	200,000	820	7,780	7,780	0.34165	22,773
19	200,000	820	8,090	8,090	0.35241	22,956
20	200,000	820	8,342	8,342	0.3634	22,955

THE ABOVE VALUES ARE BASED ON THE ASSUMPTIONS THAT THE PREMIUMS ARE PAID AS ILLUSTRATED, THAT THE DEATH BENEFITS (AMOUNTS INSURED) ARE AS ILLUSTRATED AND THAT THERE IS NO INDEBTEDNESS ON THE POLICY. THE VALUES ARE CALCULATED USING THE GUARANTEED RATE OF INTEREST AND THE GUARANTEED COST OF INSURANCE RATES. THE CASH VALUES REFLECT THE DEDUCTION OF APPLICABLE SURRENDER CHARGES.

\*THE AMOUNT OF PAID-UP INSURANCE MAY NOT EXCEED THE AMOUNT OF INSURANCE THAT WOULD HAVE BEEN PAYABLE UNDER THE POLICY IF THE INSURED HAD DIED ON THE DATE THAT PAID-UP INSURANCE WAS ELECTED, UNLESS EVIDENCE OF INSURABILITY SATISFACTORY TO US IS FURNISHED FOR ANY EXCESS AMOUNT. AMOUNTS OF PAID-UP INSURANCE WHICH ARE SUBJECT TO EVIDENCE OF INSURABILITY WILL BE CONTESTABLE FOR TWO YEARS AFTER THE EXCESS PAID-UP INSURANCE TAKES EFFECT. ANY CASH VALUE IN EXCESS OF THE AMOUNT APPLIED TO PURCHASE PAID-UP INSURANCE WILL BE RETURNED.

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## BENEFIT DESCRIPTION

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THE CURRENT INTEREST RATE IS NOT GUARANTEED AND THE CURRENT COST OF INSURANCE RATES ARE NOT GUARANTEED. WE RESERVE THE RIGHT TO CHANGE THE CURRENT INTEREST RATE AND THE CURRENT COST OF INSURANCE RATES WHICH MAY RESULT IN A HIGHER PREMIUM REQUIREMENT AND/OR LOWER CASH VALUES THAN THOSE ILLUSTRATED.

INSURANCE UNDER THIS POLICY MAY END BEFORE THE MATURITY DATE IF PREMIUMS ARE INSUFFICIENT TO CONTINUE INSURANCE TO SUCH DATE, OR IF THERE HAVE BEEN PARTIAL SURRENDERS OR LOANS WHICH CAUSE THE POLICY TO LAPSE PRIOR TO THE MATURITY DATE. LIFE INSURANCE PREMIUM FOR THE BASIC POLICY MAY BE PAID TO THE MATURITY DATE OR UNTIL THE PRIOR DEATH OF THE INSURED. CHARGES FOR ANY RIDERS ARE PAYABLE TO THE APPLICABLE EXPIRY DATES OR UNTIL THE PRIOR DEATH OF THE INSURED.

NO INSURANCE WILL BE IN EFFECT UNTIL AT LEAST ONE PREMIUM PAYMENT HAS BEEN MADE.



## DEFINITIONS

**Accumulation Value:** the Accumulation Value on the Policy Date is equal to the first premium payment. The Accumulation Value provision on Page 6 describes the calculation of the Accumulation Value after the Policy Date.

**Age:** age last birthday.

**Amount Insured:** equals the greatest of the Stated Amount; or the Stated Amount plus Accumulation Value (if Death Benefit Option 2 is selected); or any Minimum Amount Insured described on the Policy Summary.

**Beneficiary(ies):** the person(s) named to receive the benefits of this policy at the Insured's death.

**Cash Value:** the Accumulation Value less any Indebtedness and applicable surrender penalties.

**Coverage Amount:** the Amount Insured less the Accumulation Value.

**Current Interest Rate:** the rate that we declare at the beginning of each calendar quarter. The Current Interest Rate will never be less than the Guaranteed Interest Rate.

**Death Benefit:** the amount payable to the Beneficiary if the Insured dies while the policy is in force.

**Deduction Amount:** a monthly charge, deducted from the Accumulation Value, which is comprised of the cost of insurance charge and any other expense charge shown on the Policy Summary and any charge for supplemental benefits.

**Deduction Day:** the day of each month on which the Deduction Amount is deducted. Shown on the Policy Summary. The first Deduction Day is the Policy Date.

**Due Proof of the Insured's Death:** a copy of a certified death certificate; a copy of a certified decree of a court of a competent jurisdiction as to the finding of death; a written statement by a medical doctor who attended the deceased; or any other proof satisfactory to us.

**In Writing:** in a written form satisfactory to us and received at Our Office.

**Indebtedness:** all outstanding loans on this policy, including any unpaid loan interest. The Loan Interest Rate Charged, which is payable in advance, is shown on the Policy Summary.

**Insured:** the person on whose life this policy is issued. Shown on the Policy Summary.

**Issue Date:** the date on which we issue the policy. Shown on the Policy Summary.

**Maturity Date:** an anniversary of the Policy Date on which the policy matures (see Maturity Benefit, page 5). Shown on the Policy Summary.

**Minimum Amount Insured:** a stated percentage of the Accumulation Value determined as of the first day of the Policy Month. Shown on the Policy Summary.

**Our Office:** The Travelers Insurance Company, Policyholder Services, One Tower Square, Hartford, Connecticut 06183-5071 or any other office which we may designate for the purpose of administering this policy.

**Policy Anniversary:** an anniversary of the Policy Date.

**Policy Date:** the date on which the policy becomes effective. Shown on the Policy Summary.

**Policy Month:** twelve one-month periods during the Policy Year, each of which begins on the Policy Date or the monthly Deduction Day.

**Policy Year:** each successive twelve-month period; the first beginning with the Policy Date.

**Stated Amount:** a dollar amount used to determine the Death Benefit of the policy. Shown on the Policy Summary.

**We, Us, Our:** The Travelers Insurance Company.

**You, Your:** the owner(s) of this policy.



## **BENEFITS – BASIC POLICY**

### **Death Benefit**

Upon receipt at Our Office of Due Proof of the Insured's Death while the policy is in force, we will pay to the Beneficiary the Death Benefit of the policy. The Death Benefit will be the Amount Insured at the time of death, less any:

1. Indebtedness; and
2. amount payable to an assignee under a collateral assignment of the policy; and
3. monthly Deduction Amount due but not paid.

The Death Benefit may be limited as provided under the Misstatement and Suicide provisions on Page 9. The Death Benefit depends on the Death Benefit Option in effect at the date of death and any increase or decrease you have made to the Initial Stated Amount. Benefits provided by any rider attached to this policy will end according to the termination provision(s) therein.

### **Maturity Benefit**

If the Insured is living on the Maturity Date, we will pay you the Accumulation Value as of the Maturity Date, less any:

1. Indebtedness;
2. monthly Deduction Amount due but not paid; and
3. amount payable to an assignee under a collateral assignment of the policy.

Upon maturity, insurance will end and we will have no other obligation under this policy.

### **Death Benefit Options and Amount Insured**

There are two Death Benefit Options. Under Option 1 (the Level Death Benefit Option), the Amount Insured is the greater of the Stated Amount or any Minimum Amount Insured on the Insured's date of death. Under Option 2 (the Increasing Death Benefit Option), the Amount Insured is the greater of the Stated Amount plus the Accumulation Value, or any Minimum Amount Insured on the Insured's date of death.

You may change the Death Benefit Option at any time prior to the Insured's death. We will effect the change on the monthly Deduction Day on or following the day we receive the request. If you request to change from Option 2 to Option 1, the Stated Amount will be increased by the Accumulation Value. If you request to change from Option 1 to Option 2, the Stated Amount will be decreased by the Accumulation Value. We may require evidence of insurability satisfactory to us if you request a change from Option 1 to Option 2.

The remaining Amount Insured and the remaining Stated Amount in effect after any change may not be less than the respective minimum amounts shown on the Policy Summary.

### **Requested Changes in Stated Amount**

**Increases** – You may request an increase to the Stated Amount at any time prior to the earlier of the Insured's attaining Age 80 or his/her death. The request must be made In Writing to Our Office. The increase will be effective on the date shown on the supplemental Policy Summary that we will send you. We will require evidence of insurability satisfactory to us if you request an increase.

**Decreases** – You may request decreases to the Stated Amount under this policy after the first Policy Year. The decrease will be effective on the later of the monthly Deduction Day on or following our receipt of your request at Our Office, or the monthly Deduction Day on or immediately following the date you request it to be effective.

The decrease will be applied as follows: first against the most recent increase in the Stated Amount; then to other increases in the Stated Amount in the reverse order in which they occurred; and last, to the Initial Stated Amount.

After any change, the Stated Amount in effect may not be less than the Minimum Stated Amount shown on the Policy Summary. We will send you a supplemental Policy Summary reflecting any change.

**POLICY VALUES****Accumulation Value**

The Accumulation Value at the close of business on the Policy Date is equal to the first premium payment less the Deduction Amount for the following month. On each monthly Deduction Day following the Policy Date, the Accumulation Value is equal to:

- a* the Accumulation Value on the preceding monthly Deduction Day as determined after the deduction of the monthly Deduction Amount for the preceding month; plus
- b* one month's interest on *a*; plus
- c* all premiums received since the preceding monthly Deduction Day accumulated at interest to the current Deduction Day; minus
- d* the amount of any partial surrenders, including any surrender penalties, since the preceding monthly Deduction Day accumulated at interest to the current monthly Deduction Day; minus
- e* the amount of any decrease penalty charged for a requested decrease to the Stated Amount since the preceding monthly Deduction Day, accumulated at interest to the current monthly Deduction Day.

Policy values on other days are calculated in a manner consistent with this method. Interest is credited on a daily basis, while cost of insurance for the following month is debited at the close of business on each monthly Deduction Day.

**Deduction Amount**

The first monthly Deduction Day is the Policy Date. The monthly Deduction Day is shown on the Policy Summary.

The Deduction Amount is a monthly charge made against the Accumulation Value. It is equal to:

- 1. the cost of insurance; plus
- 2. the cost of supplemental benefits, if any, for which a separate charge is shown on the Policy Summary; plus
- 3. the expense charges shown on the Policy Summary.

The maximum guaranteed cost of insurance for any month is equal to *c* times the result of *a* minus *b* where:

- a* is the Amount Insured for the month divided by the Death Benefit Interest Factor shown on the Policy Summary;
- b* is the Accumulation Value on the monthly Deduction Day, prior to the deduction of the cost of insurance charge, but after the deduction of expense charges and the cost of supplemental benefits;
- c* is the cost for each \$1,000 of Coverage Amount shown on the Maximum Monthly Guaranteed Cost of Insurance Rates table on the Policy Summary at the Insured's attained age, divided by \$1,000.

The maximum guaranteed cost of insurance rates shown on the Policy Summary are based on the Insured's age, sex and rate class for the Initial Stated Amount and each increase in the Stated Amount. We may use rates less than those shown. We will base any future changes in these rates only on our future expectations as to investment earnings, mortality, expenses and persistency. Nothing in this policy will be affected by our actual mortality and expenses. We will determine the current rates for the initial Stated Amount and for each increase to the Stated Amount at the start of each Policy Year and will guarantee them for that Policy Year. Any change we make in the current rates will be on a uniform basis for insureds of the same age, sex, duration and rate class, and will be in accordance with the procedures and standards on file with the Insurance Department of the state in which this policy is issued for delivery. A portion of the cost of insurance rate is used to recover acquisition costs associated with the issue of the policy. These acquisition charges are higher in early Policy Years.

When the Amount Insured is equal to the Minimum Amount Insured shown on the Policy Summary, we will use the rate class for the most recent increase that required evidence of insurability to determine the cost of insurance.

If you have selected Death Benefit Option 1 and have made increases to the Stated Amount, the Accumulation Value will first be considered a part of the Initial Stated Amount. If the Accumulation Value exceeds the Initial Stated Amount, it will then be considered a part of the additional Stated Amount resulting from increases in the order of those increases.

The monthly Deduction Amount for the following month will be taken out of the Accumulation Value on the monthly Deduction Day shown on the Policy Summary. If the Cash Value is not enough to pay the Deduction Amount due and no further premiums are paid, the Grace Period will go into effect (see Grace Period provision, Page 8).

### **Interest Rate**

We will credit the Current Interest Rate to the unloaned portion of the Accumulation Value. The Current Interest Rate will be applied prospectively, and is on file with the Insurance Department of the state in which this policy is delivered.

The Interest Rate Credited On Loans, which is shown on the Policy Summary, will be applied to that portion of the Accumulation Value which equals Indebtedness.

The Current Interest Rate, the Guaranteed Interest Rate and the Interest Rate Credited on Loans are effective annual rates compounded daily.

### **Cash Value**

The Cash Value is equal to the Accumulation Value less any Indebtedness and applicable surrender penalties as shown on the Policy Summary. It will not be less than the minimum value required by the insurance laws of the state in which this policy is delivered. A detailed statement of the method of calculating the Cash Values has been filed with the insurance department of the state in which this policy is delivered.

### **Cash Surrender**

At any time during the lifetime of the Insured and while the policy is in force, you may request, In Writing, a full or partial surrender. You may do so without the consent of any Beneficiary, unless irrevocably named. We will calculate your Cash Value as of the day we receive your request.

If you request a full surrender, the policy will end on the effective date of the surrender.

We will not make a partial surrender to you for less than the Minimum Partial Surrender Amount shown on the Policy Summary. If you request a partial surrender, then the Death Benefit, Amount Insured, and Accumulation Value will be reduced by the amount surrendered, including any applicable surrender penalty. Additionally, under Death Benefit Option 1, the Stated Amount will be reduced by the amount of the surrender. The amount of any partial cash surrender may not exceed the Cash Value. After the reduction, the Amount Insured must be no less than the Minimum Amount Insured shown on the Policy Summary.

If necessary, surrender charges will be reduced such that the Cash Value will be at least equal to the excess interest credited (current interest credited minus guaranteed interest credited) prior to the last twelve months preceding the surrender. In no event will this adjustment allow you to receive more than the Accumulation Value at the time of surrender.

Other than one to pay premium to us, we may delay payment of any Cash Value for a period of not more than six months after we receive your request In Writing.

### **Policy Loans**

We will make a loan to you with the policy as security if you assign this policy to us while it is in force. We will not make a loan to you or allow a requested increase to an outstanding loan for less than the Minimum Loan Amount shown on the Policy Summary. Other than one to pay premium to us, we may defer the loan for no longer than six months after we receive your request for the loan In Writing. You should consult your tax advisor prior to taking a loan.

The total amount of Indebtedness may not exceed the Maximum Loan Amount shown on the Policy Summary. Interest on the loan will be payable in advance, at the beginning of each Policy Year, at the Loan Interest Rate Charged shown on the Policy Summary. Interest not paid when due will be added to the loan amount and will bear interest at the same rate. Loans will be credited with interest at the Loan Interest Rate Credited shown on the Policy Summary.

While the Insured is living and the policy is in effect, all or part of any loan may be repaid. You may not repay a loan that exists at the end of the Grace Period (see provision on Page 8) unless you reinstate this policy. Payment received while there is an outstanding loan on this policy will be applied as follows: first, towards repayment of any loan interest due; next, towards repayment of the loan principal; and last, as a premium payment to the policy.

If the total amount of Indebtedness exceeds the Accumulation Value, less applicable surrender penalties, this policy will end without value 31 days after we mail notice of required loan repayment to your last known address.



## **PREMIUM PAYMENT**

### **Premium**

Insurance under this policy will take effect when you pay at least one monthly Deduction Amount. All premiums are payable at Our Office or to one of our authorized representatives.

We reserve the right to limit the amount of premiums for this policy so that the policy will continue to qualify as life insurance as defined by federal tax law.

Premium payments are flexible. At any time before the Maturity Date, additional premium payments may be made subject to our limits.

### **Payment Mode**

Premiums may be paid annually, semi-annually or by other arrangement with our consent. The payment mode may be changed with our approval.

## **CONTINUATION AND PAID-UP INSURANCE**

### **Continuation of Insurance**

Subject to the Grace Period provision below, if sufficient premium payments are not made, this policy will continue until the day on which the Cash Value would not be enough to pay the monthly Deduction Amount due, or until the Maturity Date, if earlier. The date on which insurance under this policy ends may be affected by the level and frequency of premium payments, cost of insurance rates, interest rates credited, surrenders, Indebtedness and changes to the Stated Amount.

The Continuation of Insurance benefit will not be less than the minimum benefit required by the insurance laws of the state in which this policy is delivered.

### **Paid-Up Insurance**

At any time before the Maturity Date, you may continue the policy as Paid-Up Insurance. Continuation of the policy as Paid-Up Insurance is subject to the conditions described under the Table of Values section of the Policy Summary, and is in an amount equal to that which the Cash Value applied as a net single premium will buy when applied to the then age of the Insured. We will credit the Current Interest Rate to the Paid-Up Insurance Values. The Paid-Up Insurance amount is not subject to monthly expense charges and is not eligible for current cost of insurance rates.

The basis for all present values and net single premiums referred to in the Paid-Up Insurance provision is the 1980 Commissioners Standard Ordinary Mortality Table and the Guaranteed Interest Rate of 4%.

If you do not choose the Paid-Up Insurance option, then Continuation of Insurance will be the automatic option.

The Paid-Up Insurance benefit will not be less than the minimum benefit required by the insurance laws of the state in which this policy is delivered.

## **GRACE PERIOD AND REINSTATEMENT**

### **Grace Period**

We will provide you with a Grace Period totalling 61 days, commencing with the date that the Cash Value is insufficient to pay the Deduction Amount due. Thirty days after the date that the Cash Value is insufficient to pay the Deduction Amount due, we will send you a notice of required premium to your last known address. If the required premium is not paid within 31 days after the notice is sent, the policy will lapse. The policy will have no Accumulation Value. The policy will continue through the Grace Period, but if the required payment has not been received at Our Office, the policy will terminate at the end of the Grace Period. If the Insured dies during the Grace Period, the Death Benefit payable will be reduced by any Deduction Amount due but not paid and by any Indebtedness.

**Reinstatement**

This policy may be reinstated at any time within three years from the date to which the monthly Deduction Amount had been paid, if:

1. the policy has not been surrendered for cash; and
2. evidence of insurability acceptable to us is furnished; and
3. the monthly Deduction Amounts past due for the Grace Period are paid; and
4. premium at least equal to three future monthly Deduction Amounts is paid; and
5. all Indebtedness is repaid or restored. (Interest charged will not exceed 6% compounded annually).

Upon reinstatement, the Accumulation Value of the policy will be the amount provided by the premium paid plus the amount of any surrender charges that were assessed at the time of lapse. The surrender charge effective upon reinstatement will be the same as that which would have applied to the policy if it had never lapsed.

**OWNERSHIP RIGHTS****Ownership**

The original owner(s) is (are) shown on the application. During the Insured's lifetime, you may, without the consent of any Beneficiary unless irrevocably named, exercise all rights and options that this policy provides and that we permit.

Ownership is transferable by assignment. No assignment is binding on us until we receive a copy of the written assignment at Our Office. We will not determine if an assignment is valid. Proof of interest must be filed with any claim under a collateral assignment.

**Beneficiary**

The original Beneficiary is stated in the application. You may name a new Beneficiary during the Insured's lifetime and while this policy is in force. Any change will be effective from the date you signed the notice of change, even if the Insured is not living when we receive the notice. We will have no further responsibility for any payment we had made before we received the notice at Our Office.

If no Beneficiary survives the Insured, you will be the Beneficiary. If you are the Insured, your estate will be the Beneficiary. The rights of any collateral assignee may affect the interest of the Beneficiary.

**GENERAL PROVISIONS****Entire Contract**

The entire contract consists of this policy and the application, a copy of which is attached. The policy is issued in consideration of the application and the payment of premium. We will not use any statement to void this policy or to deny a claim under it, unless that statement is contained in an attached written application. All statements in the application will be considered as being made to the best knowledge and belief of the applicant and not as promises of truth.

**Changes**

This policy may be altered only by a written agreement signed by one of our officers.

**No Dividends**

This policy is non-participating. It does not share in our surplus earnings, so you will receive no dividends under it.

**Misstatement**

If the age and/or sex of the Insured was incorrectly stated in the application, all benefits will be adjusted to the amount which the premiums paid would have purchased at the correct age and/or sex, based on the most recent cost of insurance charge.

Proof of age may be filed at any time at Our Office.

**Suicide**

If, within two years from the Issue Date, the Insured dies due to suicide, the Death Benefit will be limited to the premiums paid, less any Indebtedness and amount of any partial surrenders.

If you have applied for an increase to the Stated Amount, this Suicide provision will be measured from the effective date of the increase with respect to payment of the increase amount.

**Contest**

No material misstatements made in any application for this policy will be used to contest payment of any Death Benefit after the policy has been in force during the Insured's lifetime for two years from the Issue Date.

If you have applied for an increase to the Stated Amount, this Contest provision will be measured from the effective date of the increase with respect to payment of the increase amount.

If this policy is reinstated, this Contest provision will be measured from the reinstatement date.

**Annual Statement**

As often as required by law, but at least once in each Policy Year, we will send you a statement showing:

1. the Accumulation Value, Cash Value, Stated Amount and Amount Insured; and
2. the premiums paid, deductions, surrenders and loans made during the preceding Policy Year; and
3. total Indebtedness; and
4. any other information required by the Insurance Department of the state where this policy was issued for delivery.

**Illustrative Reports**

You may request an up-to-date illustrative report of values based on past results and current assumptions.

We will provide the illustrative report within a reasonable time and for a reasonable service fee, not to exceed \$15 (unless prohibited by state law).

## **SETTLEMENT OPTIONS**

### **General**

We will pay any amount payable under this Policy in:

1. one lump sum; or
2. under any one or a combination of the following settlement options subject to our rules stated below.

The election of a Settlement Option must be made In Writing by:

1. you, if the Insured is living; or
2. the Beneficiary, if the Insured has died.

### **Minimum Payments**

The amount placed under an option must be at least \$5,000. The periodic payment due any person must be at least \$50. If the payment due is less than \$50, we may make payments less often.

### **Payment Date**

The first payment date under Options 1, 2 and 4 stated below is due on the date the proceeds became payable. Under Option 3 stated below, the first payment is due one month after that date.

### **Betterment of Rates**

If prior to the first payment of an option, we have declared a higher rate of interest under that option, we will base the payments on the higher rate.

## **OPTIONS**

**Option 1 — Payments of a Fixed Amount.** Monthly payments of the amount chosen will be paid until the amount placed under this option, with interest of not less than 3 1/2% per year, has been paid. The amount of each monthly payment must be at least \$4.50 per \$1,000 of proceeds. The final payment will be for the balance only.

**Option 2 — Payments for a Fixed Period.** Monthly payments of the amount shown in Table A will be paid for the period selected.

**Option 3 — Amounts Held at Interest.** Payments of interest, on the amount that is held under this option, will be paid at the rate we declare. The interest rate will never be less than 3 1/2% per year.

**Option 4. Life Income.** Monthly payments, as shown in Table B, will be paid during the lifetime of the person(s) on whose life the payments are based either:

1. with guaranteed payments for 60, 120, 180 or 240 months as elected; or
2. on the cash refund basis ("Cash Ref.") for the lifetime of the person(s). At the death of the person on whose life the payments are based we will pay the difference (a minus b) in a lump sum where:
  - a. is the amount of proceeds used to provide this monthly income; and
  - b. is the sum of the payments already made.

**Other Options —** Other options may be arranged with our consent.



**Table A – Monthly Payments For Fixed Period Per \$1,000 of Proceeds – 3 1/2%**

Years	Monthly Installment	Years	Monthly Installment	Years	Monthly Installment	Years	Monthly Installment	Years	Monthly Installment	Years	Monthly Installment
1	\$84.654	6	\$15.350	11	\$9.086	16	\$6.763	21	\$5.565	26	\$4.842
2	43.055	7	13.376	12	8.464	17	6.465	22	5.393	27	4.732
3	29.194	8	11.899	13	7.939	18	6.201	23	5.236	28	4.630
4	22.268	9	10.751	14	7.490	19	5.966	24	5.093	29	4.535
5	18.115	10	9.835	15	7.101	20	5.755	25	4.963	30	4.447

**Table B – Monthly Life Income Per \$1,000 of Proceeds****Male**

Age	Cash Ref.	60 Mo.	120 Mo.	180 Mo.	240 Mo.	Age	Cash Ref.	60 Mo.	120 Mo.	180 Mo.	240 Mo.	Age	Cash Ref.	60 Mo.	120 Mo.	180 Mo.	240 Mo.
20*	\$3.35	\$3.39	\$3.38	\$3.37	\$3.36	44	\$4.06	\$4.20	\$4.18	\$4.14	\$4.09	68	\$6.10	\$6.87	\$6.52	\$6.01	\$5.44
21	3.37	3.40	3.39	3.38	3.37	45	4.11	4.26	4.24	4.19	4.13	69	6.26	7.09	6.68	6.11	5.49
22	3.38	3.42	3.41	3.40	3.39	46	4.16	4.32	4.30	4.25	4.18	70	6.42	7.31	6.85	6.21	5.53
23	3.40	3.44	3.43	3.42	3.41	47	4.21	4.39	4.36	4.30	4.23	71	6.60	7.55	7.02	6.30	5.57
24	3.43	3.47	3.46	3.45	3.44	48	4.26	4.45	4.42	4.36	4.28	72	6.79	7.81	7.19	6.40	5.61
25	3.45	3.49	3.48	3.47	3.46	49	4.32	4.53	4.49	4.42	4.33	73	6.99	8.08	7.37	6.48	5.64
26	3.47	3.51	3.50	3.49	3.48	50	4.38	4.60	4.56	4.48	4.39	74	7.20	8.37	7.56	6.57	5.66
27	3.49	3.54	3.53	3.52	3.51	51	4.44	4.68	4.63	4.55	4.44	75	7.44	8.67	7.74	6.65	5.69
28	3.52	3.56	3.55	3.54	3.53	52	4.50	4.76	4.70	4.61	4.49	76	7.67	8.99	7.92	6.72	5.70
29	3.54	3.59	3.58	3.57	3.56	53	4.57	4.84	4.78	4.68	4.55	77	7.94	9.33	8.11	6.79	5.72
30	3.57	3.61	3.60	3.59	3.58	54	4.64	4.93	4.86	4.76	4.61	78	8.24	9.69	8.29	6.85	5.73
31	3.60	3.64	3.63	3.62	3.61	55	4.71	5.03	4.95	4.83	4.67	79	8.53	10.07	8.47	6.90	5.74
32	3.62	3.67	3.66	3.65	3.64	56	4.79	5.12	5.04	4.91	4.73	80	8.87	10.46	8.64	6.95	5.74
33	3.65	3.71	3.70	3.69	3.67	57	4.87	5.23	5.13	4.99	4.79	81	9.26	10.88	8.81	6.99	5.75
34	3.68	3.74	3.73	3.72	3.70	58	4.95	5.34	5.23	5.07	4.85	82	9.62	11.31	8.97	7.02	5.75
35	3.71	3.78	3.77	3.75	3.74	59	5.04	5.45	5.34	5.15	4.91	83	10.08	11.77	9.11	7.04	5.75
36	3.75	3.81	3.80	3.79	3.77	60	5.14	5.58	5.44	5.24	4.98	84	10.52	12.24	9.25	7.06	5.75
37	3.78	3.85	3.84	3.83	3.80	61	5.23	5.70	5.56	5.33	5.04	85	11.06	12.73	9.36	7.07	5.75
38	3.82	3.89	3.89	3.87	3.84	62	5.34	5.84	5.68	5.42	5.10	and over					
39	3.85	3.94	3.93	3.91	3.88	63	5.45	5.99	5.80	5.52	5.16						
40	3.89	3.99	3.97	3.95	3.92	64	5.57	6.14	5.93	5.61	5.22						
41	3.93	4.04	4.02	4.00	3.96	65	5.69	6.31	6.07	5.71	5.28						
42	3.97	4.09	4.07	4.04	4.00	66	5.82	6.49	6.22	5.81	5.33						
43	4.02	4.14	4.12	4.09	4.04	67	5.96	6.67	6.36	5.91	5.39						

\*and under 20

**Table B – Monthly Life Income Per \$1,000 of Proceeds**  
**Female**

Age	Cash Ref.	60 Mo.	120 Mo.	180 Mo.	240 Mo.	Age	Cash Ref.	60 Mo.	120 Mo.	180 Mo.	240 Mo.	Age	Cash Ref.	60 Mo.	120 Mo.	180 Mo.	240 Mo.
20*	\$3.25	\$3.28	\$3.27	\$3.26	\$3.25	44	\$3.83	\$3.89	\$3.88	\$3.87	\$3.85	68	\$5.63	\$6.09	\$5.93	\$5.65	\$5.27
21	3.26	3.30	3.29	3.28	3.27	45	3.87	3.94	3.93	3.91	3.89	69	5.78	6.28	6.09	5.76	5.33
22	3.28	3.31	3.30	3.29	3.28	46	3.91	3.99	3.98	3.96	3.93	70	5.93	6.48	6.26	5.88	5.38
23	3.29	3.33	3.32	3.31	3.31	47	3.96	4.03	4.02	4.00	3.97	71	6.08	6.70	6.43	5.99	5.44
24	3.31	3.35	3.34	3.33	3.32	48	4.00	4.09	4.08	4.05	4.02	72	6.26	6.93	6.61	6.10	5.49
25	3.33	3.36	3.35	3.34	3.33	49	4.05	4.14	4.13	4.10	4.07	73	6.43	7.18	6.80	6.21	5.53
26	3.34	3.38	3.37	3.36	3.35	50	4.10	4.20	4.19	4.16	4.12	74	6.62	7.44	6.99	6.31	5.57
27	3.36	3.40	3.39	3.38	3.37	51	4.15	4.26	4.25	4.21	4.17	75	6.83	7.73	7.19	6.41	5.60
28	3.38	3.42	3.41	3.40	3.39	52	4.21	4.33	4.31	4.27	4.22	76	7.04	8.03	7.39	6.50	5.63
29	3.40	3.44	3.43	3.42	3.41	53	4.26	4.40	4.38	4.33	4.27	77	7.28	8.35	7.59	6.58	5.65
30	3.42	3.46	3.45	3.44	3.43	54	4.32	4.47	4.44	4.40	4.33	78	7.54	8.70	7.79	6.66	5.67
31	3.45	3.48	3.47	3.46	3.45	55	4.39	4.55	4.52	4.47	4.39	79	7.78	9.06	7.99	6.73	5.69
32	3.47	3.51	3.50	3.49	3.48	56	4.45	4.63	4.59	4.54	4.45	80	8.07	9.44	8.18	6.79	5.70
33	3.49	3.53	3.52	3.51	3.50	57	4.53	4.71	4.67	4.61	4.52	81	8.35	9.84	8.36	6.84	5.72
34	3.52	3.56	3.55	3.54	3.53	58	4.60	4.80	4.76	4.69	4.58	82	8.66	10.25	8.53	6.88	5.72
35	3.54	3.58	3.57	3.56	3.55	59	4.68	4.90	4.85	4.77	4.65	83	9.00	10.68	8.68	6.92	5.73
36	3.57	3.61	3.60	3.59	3.58	60	4.76	5.00	4.94	4.85	4.71	84	9.32	11.11	8.83	6.96	5.74
37	3.60	3.64	3.63	3.62	3.61	61	4.85	5.10	5.04	4.94	4.78	85	9.69	11.55	8.96	6.98	5.74
38	3.63	3.67	3.66	3.65	3.64	62	4.94	5.22	5.15	5.03	4.85	and over					
39	3.66	3.70	3.69	3.68	3.67	63	5.04	5.34	5.26	5.12	4.92						
40	3.69	3.74	3.73	3.72	3.70	64	5.15	5.47	5.38	5.22	4.99						
41	3.72	3.77	3.76	3.75	3.74	65	5.26	5.61	5.50	5.33	5.05						
42	3.76	3.81	3.80	3.79	3.77	66	5.38	5.76	5.64	5.43	5.13						
43	3.79	3.85	3.84	3.83	3.81	67	5.50	5.92	5.78	5.54	5.20						

\*and under 20

## COVERAGE EFFECTIVE DATE ENDORSEMENT

This endorsement is made part of the policy to which it is attached. It is subject to all conditions and limitations of the policy, except where this endorsement provides otherwise.

- I. The following provision is added to the policy:

### **WHEN COVERAGE BEGINS**

No insurance will take effect prior to the later of the Issue Date or the Policy Date shown on the Policy Summary. Insurance issued will take effect on the later of the Issue Date or the Policy Date shown on the Policy Summary if, on the later of the Issue Date or the Policy Date, the health and other conditions relating to insurability remain complete and true as described in the application for this policy. If this policy was issued with a Policy Date that pre-dates the Issue Date of the policy (a back dated policy), the policy premium or charges begin on the Policy Date even though insurance will not take effect until the Issue Date of the policy.

- II. The definition for Issue Date is amended as follows:

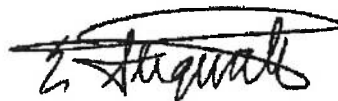
**Issue Date:** the date on which We issue the policy; shown on the Policy Summary.

- III. When this endorsement is attached to a flexible premium adjustable life insurance policy or a variable life insurance policy, the definition of Policy Date is amended as follows:

**Policy Date:** the date from which We begin charging the monthly Deduction Amount; shown on the Policy Summary.

Any language to the contrary is hereby superseded by this endorsement.

THE TRAVELERS INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "E. Aguilar", is written over a horizontal line.



**SUPPLEMENT TO APPLICATION FOR LIFE/HEALTH INSURANCE  
TO THE TRAVELERS INSURANCE COMPANIES, HARTFORD, CONNECTICUT**

**For Home Office Use Only**

PROPOSED INSURED	APPLICATION NO.	CONTRACT NO.
MICHAEL STANLEY	001452	7361323 A CMR

The following corrections, additions or changes are made in the application described above:

**BENEFICIARY:**

ALLISON STANLEY, WIFE OF THE INSURED, PRIMARY BENEFICIARY.

Applicant agrees and understands that the above corrections, additions or changes

1. Shall be incorporated in and part of the application described above; and
2. Shall have the same effect as if made by the Applicant in such application; and
3. Shall be subject, in all respects, to the agreements made in such application.

This Supplement, signed by the Applicant before delivery of the above-numbered contract, was attached to and made a part of such contract on its Date of Issue.

APPLICANT \_\_\_\_\_ PROPOSED INSURED *[Signature]*  
(Signature of Applicant if other than Proposed Insured) (Signature in full)  
 DATED 7/30 1998 AT White Plains DATED 7/30 1998 AT White Plains  
(City or Town, State) (City or Town, State)  
 WITNESSED BY \_\_\_\_\_ WITNESSED BY *[Signature]*

# PART ONE LIFE INSURANCE APPLICATION



## GENERAL INFORMATION - PROPOSED INSURED

Complete for all policies (please print). Use black ink. Questions must be answered by the Proposed Insured.  
If the Proposed Insured is under age 16, complete Juvenile Supplement.

1. Full Name (print as to appear in policy) STANLEY MICHAEL  
First Middle Last
2. Social Security No. 6135 Date of Birth 72 Birthplace N.Y.  
State Country (if other than U.S.)  
Sex: ☒ M ☐ F Marital Status: ☐ S ☒ M ☐ D ☐ W Current Citizen of U.S.  
Country
3. Residence Address 6 Hudson ST Apt. No.   
City ASSINING State NY Zip 10562 Phone Number ( ) 762-8125
4. If Proposed Insured has resided at address less than one year, show prior address:  
Street and Number  Apt. No.   
City  State  Zip
5. Employer (Name of Firm) STANS ELECTRIC
6. Business Address 147 WHEELER RD Suite No.   
City PLEASANTVILLE State NY Zip 10570 Phone Number ( )   
Check Calling Preference: ☐ Home ☐ Business Best Time To Call
7. Occupation (Position or Title)  Annual Salary \$  Other Income \$
8. State all life insurance now in effect on Proposed Insured. If "None", so state.

Company/Year of Issue	Face Amount	Amount of ADB	Personal (P) or Business (B) Coverage?
PRUDENTIAL	50,000	0	P

Will any life insurance, including annuities, in this or any other company be replaced, discontinued, reduced or changed if insurance now applied for is issued? (If "YES" provide details below, continue in "ADDITIONAL INFORMATION" Section) ..... ☐ YES ☒ NO

Insured   
Company   
Policy Number   
Amount \$

The Travelers Insurance Company  
One Tower Square, Hartford, Connecticut 06183



**POLICY INFORMATION**

Also complete the **Life Financial Supplement** for face amounts of \$1,000,000 and over, the **Family Insurance Supplement** for child coverage, and the **Variable Life Supplement** for variable life policies.

**Coverage Information:**

9. Life Insurance Product MVP Stated Amount \$ 200,000

Duration/Term Period \_\_\_\_\_ Death Benefit (UL Only): ☐ Level ☐ Increasing

## 10. Supplemental Benefits/Riders (where applicable and if available):

**Term-only Riders:**

- ☐ Annual Benefit Increase  
☐ Premium Waiver

**Term, UL and VUL Riders:**

- ☐ Accelerated Benefits  
☐ Accidental Death  
☐ Child Term \_\_\_\_\_ units  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

**UL- and VUL-only Riders:**

- ☐ Annual Renewable Term \$ \_\_\_\_\_  
☐ COLA  
☐ Estate Protector  
☐ Insured Term \$ \_\_\_\_\_; Reallocate on \_\_\_\_\_ Anniversary  
☐ Monthly Deduction Waiver  
☐ Policy Split Option ☐ Plus Option  
☐ Scheduled Increase Option \_\_\_\_\_ %  
☐ Specified Amount Payment/Waiver \$ \_\_\_\_\_  
☐ Spousal Term (complete a separate Part 1 on spouse) \$ \_\_\_\_\_

11. A) Premium Payment Plan (check one box): ☒ Annual ☐ Semi-Annual

☐ Monthly Pre-Authorized Collection/Payor Soc. Sec. No. \_\_\_\_\_ ☐ Single ☐ Other

B) Check Billing Preference: ☒ Home ☐ Business ☐ Other

If "Other", list Premium Payor and Billing Address: \_\_\_\_\_

12. A) Quoted Modal Premium \$ 702.00 B) Classic UL only: Selected Premium \$ \_\_\_\_\_

13. Will this application increase an existing policy? ☐ YES ☐ NO If "YES", Policy # \_\_\_\_\_

Current Stated Face Amount \$ \_\_\_\_\_ New Stated Face Amount \$ \_\_\_\_\_

Current Modal Premium \$ \_\_\_\_\_ New Modal Premium \$ \_\_\_\_\_

**POLICY OWNER**

Applicant is the owner of any contract issued on this application unless otherwise noted below.

For Multiple Ownership: Upon owner's death, indicate whether ownership interests pass to:

- ☐ Surviving Owner(s) (Joint Tenants) or ☐ Deceased Owner's Estate (Tenants in Common)

14. Policy Owner's Full Name and Social Security or Tax ID Number \_\_\_\_\_

If succeeding ownership is desired, indicate name, address and relationship to Insured in "ADDITIONAL INFORMATION" section on following page. Succeeding owner will become owner upon original owner's death.

**BENEFICIARY**

Payment due to two or more beneficiaries or to the survivor(s) of them will be in equal shares, unless otherwise requested.  
The right to change a beneficiary is reserved.

15. Beneficiary Name (specify full name(s) and relationships)

PRIMARY - ALLISON STANLEY  
ROSE

\* L I F 2 0 2 \*



☐ If checked, you have indicated that you do not wish to have any such information shared with our affiliate(s).

**TOBACCO USE DECLARATION**

☒ I have **never** used tobacco products of any form.

☐ I have not used tobacco products of any form in the past \_\_\_\_\_ months/\_\_\_\_\_ years.

☐ I currently use tobacco.

## GENERAL RISK INFORMATION

Please give details to all "YES" answers in the Additional Information section below.

YES

NO

17. Been postponed, rated or declined for Life, Health, Accident or Sickness Insurance in the past 5 years? ..... ☒  
(If "YES", state reason(s) and date(s) of such action.)

18. Flown within 5 years as a pilot, student pilot or crew member of any aircraft or as a passenger on other than a scheduled airline, or expect to make such a flight? (If "YES", complete the **Aviation Supplement**.) ..... ☐

19. Engaged in automobile or motorcycle racing, sports parachuting, skydiving, hang gliding, skin or scuba diving or any other hazardous sport? (If "YES", complete the **Avocation Supplement**.) .....

20. A) In the past 5 years, been convicted of driving while intoxicated or driving under the influence? .....  
(If "YES", list driver's license number and details.)

B) In the past 5 years, been convicted of any other motor vehicle violation? .....  
(If "YES", list driver's license number and details.)

21. Do you intend to reside or travel out of the United States or Canada? .....  
(If "YES", complete the **Foreign Travel or Residence Supplement**.)

## ADDITIONAL INFORMATION



**MEDICAL HISTORY**

1. Print Proposed Insured's name in full: Michael Stanley
2. Name and address of personal physician: \_\_\_\_\_
3. Date and reason last consulted: Physical
4. What was the diagnosis and treatment: None

**Answer all questions unless Part Two (Medical Exam) is required.** For all "YES" responses, provide in the "DETAILS" section the question number, names and addresses of doctors, and when and why consulted. Include diagnoses, dates, duration of illness or injury, and if recovery was full and complete. Complete **Medical Supplement** if Proposed Insured has or has had a history of high blood pressure, chest pain, diabetes, seizure, asthma or drug or alcohol abuse.

5. Has the Proposed Insured ever had any indication of, been treated or received medical consultation for: (circle all that apply)..... ☐ YES ☒ NO
- |                     |                      |                              |
|---------------------|----------------------|------------------------------|
| Chest Pain          | Elevated Cholesterol | Arthritis                    |
| Heart Murmur        | Diabetes             | Sexually Transmitted Disease |
| Heart Attack        | Emphysema            | Depression                   |
| High Blood Pressure | Pneumonia            | Anxiety                      |
| Stroke              | Tuberculosis         | Emotional Disorder           |
| Paralysis           | Asthma               | Alcohol/Use of Narcotics     |
| Seizure             | Tumor                |                              |
| Deformity/Lameness  | Cancer               |                              |
6. Has the Proposed Insured ever had any disorder of: (circle all that apply)..... ☐ YES ☒ NO
- |        |                         |                      |
|--------|-------------------------|----------------------|
| Skin   | Ears                    | Kidney               |
| Neck   | Thyroid                 | Genitourinary System |
| Back   | Heart                   | Immune System        |
| Spine  | Lungs                   | Nervous System       |
| Bones  | Breasts                 | Blood                |
| Joints | Gastrointestinal System | Lymph Nodes          |
| Eyes   | Liver                   | Blood Vessels        |
7. Has the Proposed Insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)? ..... ☐ YES ☒ NO
8. Other than above, has Proposed Insured had any illness, injury, surgery, physical exam, consultation, EKG, X-Ray, or other medical test, other than an HIV test, or been a patient in a hospital or other medical facility? .. ☐ YES ☒ NO
9. Has the Proposed Insured ever used cocaine, marijuana, heroin or any other illicit drug or been advised to restrict the use of alcohol or any other drug? ..... ☐ YES ☒ NO
10. Does the Proposed Insured consume alcoholic beverages? (If "YES", list type, amount and frequency of use.) .. ☐ YES ☒ NO
11. Height: 5'11 1/2 in. 11 1/2 in. Weight 220 lbs; weight loss in past 12 mos. \_\_\_\_\_ lbs.
12. Has a parent, brother or sister ever had heart disease, stroke, cancer, diabetes, high blood pressure or kidney disease? ..... ☐ YES ☒ NO

13. FAMILY HISTORY	Age (if living)	Condition of Health	Age (at death)	Cause of Death
Father	50	Good		
Mother	48	Good		
Brothers and Sisters	22	Good		

\* L I F 2 0 3 \*



## DETAILS OF "YES" ANSWERS AND ADDITIONAL INFORMATION

# AUTHORIZATION SECTION

**AUTHORIZATION FOR THE RELEASE OF INFORMATION:** THE PROPOSED INSURED(S) authorizes The Travelers, its affiliates, its Reinsurers, insurance support organizations, and their representatives to obtain medical and other information in order to evaluate this application for insurance. The Proposed Insured authorizes any physician, medical facility, insurance company, the Medical Information Bureau, Inc., employer, consumer reporting agency, or other organization, institution, or person having information available as to employment, other insurance coverage, medical care, treatment, supplies or advice with respect to the Proposed Insured or his/her spouse and children to furnish such information to The Travelers, its affiliates, its Reinsurers or their authorized representatives.

The Proposed Insured authorizes the preparation or procurement of an investigative consumer report in accordance with Article 25 of the New York General Business Law. This authorization will be valid from the date signed for a period of 2-1/2 years. A photographic copy of this authorization is as valid as the original. Information given in this application, including health care information, except HIV-related information, may be made available without prior authorization to other insurance companies to which an application for life or health insurance coverage is made, or to which a claim is submitted.

The Proposed Insured(s) and Applicant, if different, have read this authorization and understand they have a right to receive a copy. The Proposed Insured(s) acknowledge receipt of the following notices: "Your Privacy and the Fair Credit Reporting Act," "Medical Information Bureau Disclosure Notice", and "Description of Information Practices".

**DECLARATION:** APPLICANT declares to the best of his/her knowledge and belief that all of the statements and answers in Part One and Part Two, if required, are complete and true. **APPLICANT UNDERSTANDS AND AGREES THAT:** (a) Part One and Part Two, if required, and any supplements will form the basis for any insurance issued; (b) Except as stated in the attached Temporary Insurance Agreement, no insurance will take effect until: (1) the contract is delivered to the Applicant; and (2) the first premium is paid in full while the health and other conditions relating to insurability remain as described in this application; and (c) No agent is authorized: (1) to make, alter, or discharge any contract; (2) to waive or change any condition or provision of any contract, application, or receipt and (3) to accept any risk or to pass on insurability. The Proposed Insured will be the Applicant of any contract issued on this application unless otherwise indicated below. The right to privacy is protected as required by law.

Proposed Insured's Name LOAN MICHAEL STANLEY

Proposed Insured's Signature X [Signature]

Applicant's Signature (if other than Proposed Insured) \_\_\_\_\_

Date 05/01/98 Application taken at White Plains AV  
Stamp

Witness' Signature Ernest West Date 05/01/98

Agent's Name Ernest Aloia

**Note:** If not personally witnessed by the agent, each signature must be witnessed by someone present at the time the application was signed.

**Flexible Premium Adjustable Life Insurance Policy**  
**Premiums Payable Until Policy Maturity or Insured's Prior Death**  
**Insurance Payable at Insured's Death**  
**Non-Participating**

L-14433

**TRUE COPY**